

New Jersey Public Employment Relations Commission
NON-POLICE AND FIRE
COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #

SECTION I: Parties and Term of Contracts

1	Public Employer:	Borough of Fair Lawn	County:	Bergen
2	Employee Organization:	Department Heads Assoc	Number of Employees in Unit:	6
3	Base Year Contract Term:	01/01/2014-12/31/2016	New Contract Term:	01/01/2017-12/31/2021

SECTION II: Type of Contract Settlement (please check only one)

4 Contract settled without neutral assistance
 5 Contract settled with assistance of mediator
 6 Contract settled with assistance of fact-finder
 7 Contract settled with assistance of super-conciliator
 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?
 Yes No

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SECTION III: Salary Base

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9	Salary Costs in Base Year	\$ 834764
10	Longevity Costs in Base Year	\$ 54629
11	Total Salary Base	\$ 889393

SECTION IV: Salary Increases for Each Year of New Agreement*

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	01/01/2017	01/01/2018	01/01/2019	01/01/2020	01/01/2021
13 Cost of Salary Increments (\$)	8348	12647	8558	12964	8773
14 Salary Increase Above Increments (\$)	0	0	0	0	0
15 Longevity Increase (\$)	546	827	560	566	571
16 Total \$ Increase (sum of lines 13-15)	8894	13474	9118	13530	9344
17 New Salary Base (\$)	898287	911761	920879	934409	943753
18 Percentage increase over prior year	1 %	1.5 %	1 %	1.5 %	1 %

*If contract duration is longer than five years, please add an additional page.

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):						

*If contract duration is longer than five years, please add an additional page.

SECTION VI: Medical Costs

		Base Year	Year 1
21	Health Plan Cost	\$ 198756	\$ 198756
22	Prescription Plan Cost	\$	\$
23	Dental Plan Cost	\$ 8844	\$ 8844
24	Vision Plan Cost	\$ 0	\$ 0
25	Total Cost of Insurance	\$ 207600	\$ 207600
26	Employee Insurance Contributions	\$ 69564	\$ 37368
27	Employee Contributions as % of Total Insurance Cost	33.5	% 18

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name: Karen Palermo

Position/Title: CFO

Signature:

Date: 12/31/2016

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016